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The financing happens mainly by payment by act (consultations and technical acts).
Our nomenclature and our fees are discussed. The diagnostic acts are mainly electrophysiological acts (EMG–nerve conduction studies–evoked potentials). Some complementary acts are available e.g. measurement of pressure for an acute compartment syndrome and kinesiologic evaluation (only for a child suffering of a cerebral motor infirmity). We have also access to muscular echography. For isokinetic analysis there is no nomenclature available.
The therapeutic acts include vertebral manipulations, the mono-disciplinary acts (as general rehabilitation–maximum 48 sessions, pelvic re-education and lymphedema treatment–max 60 sessions) as well as the pluridisciplinary acts: back school program (36 sessions of 2 hours) and neurological and locomotor system rehabilitation programs of 60, 90 or 120 minutes (with a maximum of 60 to 120 sessions) according to a limitative list of pathology. These programs are complicated by extremely severe rules.

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Session francobelge–convention systems in rehabilitation

D. Bobbaers [a,*], J. Mertens [b], P. Linden [c]
[a] Mariaziekenhuis Limburg, Maesensveld 1, 3900 Overpelt, Belgium
[b] AZ St Maarten Mechelen, Belgium
[c] Stedelijk Ziekenhuis Roeselare, Belgium
*Corresponding author.
E-mail address: donald_bobbaers@hotmail.com

Keyword: Conventions nomenclature
Ninety percent of the hospitals disposes of a rehabilitation service with at least one part-time or full-time PRM specialist. He or she coordinates the rehabilitation programs of the inpatients and most of the times there is also an outpatient service.
A hospital can also have Sp-beds, which are generally led by a PRM specialist and serve as the rehabilitation unit. The National Institute for Health and Disability Insurance (NIHDI), that organises and controls the mandatory health insurance and where the conditions and height of reimbursements are decided, pays a fee for each hospitalisation day to cover nursing and other non-medical expenses. This price differs between hospitals.
The medical and paramedical care themselves are financed by either nomenclature or a convention.
The nomenclature will be discussed in a following presentation.
There are many types of conventions, e.g. for cardiac and pulmonary rehabilitation, for sensory disorders (vision, speech)... even in the domain of locomotor and neurological rehabilitation where PRM speciality is strongly involved.
Depending on the type of convention there is only a fee for each rehabilitation session or there is a supplementary lump sum provided for the organisation of the service.
There isn't a great difference in the fee for each rehabilitation session between nomenclature and convention and most indications for rehabilitation are covered in the two systems. The differences concern mainly indications for rehabilitation in the orthopedic domain, the required infrastructure and staffing, the length of reimbursement for rehabilitation and the reimbursement of transportation for some outpatients.
In general, the convention centers are the longest existing ones and are more involved in the rehabilitation of the neurological patient with more complex deficits but this varies strongly, depending on the region and the internal arrangements in the hospitals.
The renumeration of the PRM specialists can take all forms (employee or independent contractor) and depends on their individually negotiated contracts.
Nowadays, there is no obligatory referal system between hospitals. The existing networks are all based on voluntary collaboration.
Concerning rehabilitation outside the hospitals, there is only a reimbursement for physiotherapists and speech therapists.

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The reimbursement system of mobility aids in Belgium

C. Kiekens (President)[a,*], B. Maertens de Noordhout [b]
[a] Technical Board for the Wheelchairs (NIHDI), UZ Leuven campus Pellenberg, Weligerveld 1, 3212 Pellenberg, Belgium
[b] CNRF de Fraiture, Expert of the Technical Board for the Wheelchairs (NIHDI), Belgium
*Corresponding author.
E-mail address: carlotte.kiekens@uzleuven.be

Keywords: Mobility aid; Wheelchair; Reimbursement; Health insurance
In Belgium, the National Institute for Health and Disability Insurance (NIHDI) organizes, manages, and supervises the application of the compulsory health insurance. The reimbursement of mobility aids is regulated by article 28§8 of the Belgian "nomenclature of health care services". A renewed version was published as a royal decree in January 2005. This nomenclature has been developed by the 'Technical board for the wheelchairs' (TBW), composed in 2003 of a president, experts, the health insurance funds, the physicians, the wheelchair providers, the industry, the four regional funds and persons with disability. The TBW is not only responsible for the nomenclature but also composes the list of reimbursed equipment, taking into account the different criteria as defined in art. 28§8 and advises the NIHDI on custom-made mobility aids for patients with specific needs.
A part from (manual or electronic) wheelchairs, the nomenclature covers walking aids, orthopaedic tricycles, standing systems, anti-decubitus cushions and modular back systems.
In order to obtain reimbursement, the person should have a permanently impaired mobility of any origin and the mobility aid must be delivered by a certified wheelchair provider. The criteria for reimbursement are based on the qualifiers of a number of ICF items, independent of a medical diagnosis. A medical prescription is always required, describing the ICF based functional status of the patient. There are three types of procedures for acquisition: basic, extended and special. The special procedure is necessary for more costly and complex mobility aids, such as electronic wheelchairs and require a multidisciplinary report.
Art. 28 § 8 is composed of four parts, which will be discussed more in detail during the lecture. For children till the age of 18, the criteria and reimbursement of the equipment are determined separately. In elderly facilities, a renting system is being applied. The reimbursement price for each item (aid or adaptation) is set in a 'convention' commission between the NIHDI, the health insurance funds and the professional union of the wheelchair providers.
The total expenses in 2011 were approximately 65 million Euros of which 15 million for the renting system.
Further Reading
http://www.inami.fgov.be/care/fr/nomenclature/pdf/art28_8.pdf

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The Belgian reimbursement system for prostheses for lower limb amputation in 2013

B. Maertens de Noordhout [a,*], C. Kiekens [b]
[a] Centre neurologique et de réadaptation de fraiture, 30 Champ-des-Alouettes, B4557, Fraiture-en-Condroz, Belgium
[b] UZ Leuven campus Pellenberg, Belgium
*Corresponding author.
E-mail address: benoit.maertens@cnrf.be

Keywords: Lower limb amputation; Prosthesis; Reimbursement; Health insurance; Belgium
In Belgium, social security reimburses to a large extent the equipment provided by a certified prosthetist or orthotist (CPO). The reimbursement is controlled within one budgetary envelope.
The utilization of this envelope and the modalities of reimbursement are discussed and decided by a commission consisting of members of the NIHDI (National Institute for Health and Disability Insurance), representatives of the health insurance funds and delegates of the professional union of CPO's.